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Commissioner for Patents
Art Unit: 3711, Examiner: Alvin A. Hunter
Facsimile No.: 703-872-9306

FROM: Troy R. Lester
Customer Number: 40990
Phone No.: (508) 979-3534

RE: Application Serial No.: 10/759,494
Response to Office Action of August 11, 2004

Pages including cover sheet: 13

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Signature

Troy R. Lester (Reg. No. 36,200)
Name of person signing Certificate

Titleist

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).		Complete If Known		
<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2005</h2>		Application Number	10/759,494	
		Filing Date	January 16, 2004	
		First Named Inventor	Michael J. Sullivan	
		Examiner Name	Alvin A. Hunter	
		Art Unit	3711	
TOTAL AMOUNT OF PAYMENT	(\$)	450.00	Attorney Docket No.	B03-84

METHOD OF PAYMENT				
Deposit Account	Deposit Account Number: <u>502309</u>		Deposit Account Name: <u>Acushnet Company</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
<u>Application Type</u>	<u>Filing Fee (\$)</u>	<u>Search Fee (\$)</u>	<u>Examination Fee (\$)</u>	<u>Fees Paid (\$)</u>
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	
2. EXCESS CLAIM FEES				
<u>Fee Description</u>				<u>Fee (\$)</u>
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200
<u>Total Claims</u>	<u>Paid TC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	=	0	50	0
Paid TC = the greater of 20 or highest number of total claims paid for				
<u>Independent Claims</u>	<u>Paid IC</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	=	0	200	0
Paid IC = the greater of 3 or highest number of independent claims paid for				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
<u>Total Sheets</u>	<u>Extra Sheets</u>	(round up to integer)	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =		250	
4. OTHER FEES				
Extension for response within second month \$450				<u>Fee Paid (\$)</u>
				450.00
Other _____				

SUBMITTED BY			
Signature		Registration No. 36,200	Telephone (508) 979-3534
Name	Troy R. Lester	Date	1-11-05

JAN 11 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.: 10/759,494

Art Unit: 3711

Applicant: Michael J. Sullivan

Examiner: Alvin A. Hunter

Filed: January 16, 2004

Confirmation No.: 7679

For: GOLF BALL WITH POLYSULFIDE
RUBBER LAYER

Attorney Docket No.: B03-84

RESPONSE TO OFFICE ACTION

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed August 11, 2004, Applicants respectfully submit the following amendments and remarks for entry into the above-identified application.

Listing of Claims begins on page 2 of this response.

Remarks begin on page 6 of this response.